INCORPORATED VILLAGE OF I	LAKE GROVE	AGE GRADE GROUP
SUMMER RECREATION PROGRAM		
DATE		
		FOR OFFICE USE
LAST NAME, FIRST	DATE OF BIRTH	E-MAIL
ADDRESS	HOME TELEPHONE	
SCHOOL	GRADE AS OF 2020-2021 S	
☐ VILLAGE RESIDENT FEE \$ SHIRT SIZE		/21 EXTRA SHIRT □
CHECK   #	ADULT SMLXLXXL	UANTITY SIZE
PARENTS'/GUARDIANS' NAMES		
FAMILY DOCTOR	TEL. NO	
IN CASE OF		
EMERGENCY CONTACT OR	CELL NO.	
•	TEL.NO.	
KNOWN ILLNESSES, DISABILITIES, ALLERGIES, ETC	CELL NO.	
MY CHILD HAS MY PERMISSION TO PARTICIPATE IN ALL ACTIVITIES EXCEPT:		
	ACTIVITIES EXCEPT:	
DATE SIGNAT	URE OF PARENT OR LEGAL G	LIARDIAN
RELEASE		
l agree to assume full responsibility for any injuries which might occur to the above named participant () as a result of participation in any activities of the Lake Grove Summer Recreation Program, including but not limited to any claims for personal injuries resulting from or arising out of the negligence or intentional acts of parties other than the Village of Lake Grove and its employees.		
DATE	SIGNATURE	

ř.

.

ž.

Dear Parents and Guardians of Lake Grove Summer Camp,

We are asking permission to be able to post pictures of your children on our social media site as well as the end of the year video presentation. The social media site includes our Lake Grove Summer Camp Facebook page. We would like for you to be able to see what your children are up to at camp on a day-to-day basis. Please check yes or no below with your signature. Thank you for your time and cooperation.

	Sincerely, The Staff at Lake Grove Summer Camp
8	
	Camper's Name:
	Yes, I will allow my child's picture to be used
	No, I will not allow my child's picture to be used
	Signature: